DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 1 0 4 3

2. STATE: GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: October 1, 2001

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Sections 1905(a)(19) & 1915(g) of the Act.

7. FEDERAL BUDGET IMPACT:
a. FFY _____ $ No Budget Impact
b. FFY _____ $ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, p. 5j

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19-B, p. 5j, 5k

10. SUBJECT OF AMENDMENT: AMENDING POLICY & METHOD FOR ESTABLISHING PAYMENT RATES AT RISK OF INCARCERATION TARGETED CASE MANAGEMENT

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: Mark Trail

13. TYPED NAME: Mark Trail

14. TITLE: Acting Director, DMA

15. DATE SUBMITTED: December 28, 2001

16. RETURN TO:
Georgia Department of Community Health
Division of Medical Assistanc
2 Peachtree Street, N.W.
Atlanta, GA 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **December 28, 2001**

18. DATE APPROVED: **March 19, 2002**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **October 1, 2001**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Eugene A. Grasser**

22. TITLE: **Associate Regional Administrator**
Division of Medicaid and State Operations

23. REMARKS:

FORM HCFA-179 (07-92)

Instructions on Back

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
FOR OTHER TYPES OF CARE OR SERVICES

N.(g) The results of a time study were applied to projected costs for each of the prospective providers and statewide rates for the first year were established based on an arraying of the costs of the 50th percentile. Cost reports from all providers will be evaluated annually after the first year of implementation to determine subsequent statewide rates. Payments to public and private providers will be limited to the lesser of the submitted charge or established fee based on cost reports from providers. Payment to providers may not exceed actual cost of providing services.

At-Risk of Incarceration Case management Services will be reimbursed on a fee- for-service basis billed monthly on the HCFA 1500 form.

The Department will reimburse one unit of case management service per month per beneficiary. The specific service component (billing unit) covered under the At-Risk of Incarceration program is *Basic Case Management.*

Basic Case Management

"Basic Case Management" must be provided by a qualified provider to a child in the care of the Department of Juvenile justice. It must include at least one (1) contact with the recipient, family or service provider to ensure that services are being delivered in accordance with the established service delivery plan. It includes one or more of the following activities:

A. Establishing the comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of the child.

B. Assisting the child in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.

C. Monitoring the child and service providers to determine that the services received are adequate in meeting the child's needs.

D. Reassessment of the child to determine services needed to resolve any crisis situation resulting from divorce, death, separation, changes in family structure or living conditions, or other events.